

A000000596

The School District of the City of Erie, Pa.

**EDUCATIONAL
NOTICE OF RECOMMENDED EVALUATION PLACEMENT**

School Age _____

Date: 1-17-02Name and Address of Parent: [REDACTED]Student's Name: [REDACTED]I.D. #: 943020

S.S. #: _____

Dear _____

This notice summarizes recommendations for your child's education program.

This notice is to be given to the parent of a child with a disability a reasonable time before the school district proposes to initiate or change, or refuses to initiate or change the identification, evaluation or educational placement of the child for the provision of a free appropriate public education to the child.

1. Action proposed or refused:

Smith Reed Therapeutic Program for psychological/psychiatric evaluation & possible intervention.

2. Why the action is proposed or refused:

1. Student's current high degree and intensity of stress as recorded by parents, student and the Erie School District Staff.
2. Intensity/frequency of therapeutic intervention exceed that which can be delivered in the regular school setting.

3. A. Description of any other options that were considered:

NONE

B. Reasons why these options were rejected:

N/A

4. Evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action or action refused:

1. Verbal sharing of discharge summary from Mental Health/Millcreek Center
2. Information provided by the student, parent, ESD staff including Mental Health staff

5. Other factor(s) relevant to proposal or refusal:

N/A

The educational placement recommended for your child is:

Appropriate Grouping: DTLSLevel (%): 100%Location: Smith Reed Therapeutic Program at Smith Reed's Children's Center

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A000000597

Student Name: Kristen L. [REDACTED]

Page 2

Notice of Recommended Educational Placement

School District Superintendent

Signature

Date

You have certain rights and protections under law that is described in a document titled **Procedural Safeguards Notice**. If you need more information or want a copy of the **Procedural Safeguards Notice**, you may contact:

C. Moore

Name

supervisor

Position

874-6057

Phone Number

DIRECTIONS FOR PARENTS: Please check one of the options, sign this form, and return it within **10 days** to the person listed above.

- ☒ I approve this recommendation
☐ I do not approve this recommendation

My reason for ~~disapproval~~ is:

I request:

- ☐ A Pre-hearing Conference
☐ Mediation
☐ Due-process Hearing

I will need the following accommodations to be made so that I may attend the above.

Dennis L. [REDACTED]

Parent's Signature

1/17/02

Date

Daytime Phone

A000000598

MEMO * School District of the City of Erie, PA

TO: Mr. Frank Scozzie – Assistant to the Superintendent
Mrs. Charlise Moore - Supervisor, Special Education
Mrs. Marlene Chrisman – Supervisor, Special Education

FROM: Mrs. Audrey Pecoraro, Home/School Visitor

SUBJECT: PLACEMENT OF K [REDACTED] L [REDACTED] AT SARAH REED CHILDREN'S CENTER

DATE: January 17, 2002

K [REDACTED] L [REDACTED] DOB [REDACTED] 89, referred to Sarah Reed, Behavior Modification Program, Special Education Tract, from Strong Vincent High School, Grade 7 LS, is scheduled for the intake process at Sarah Reed on Monday, January 21, 2002 at 3:00 P.M. She will begin the program on Wednesday, January 23, 2002.

AP:cc

A000000599

Discipline Note

Date 1/11/02Time PMAdministrator Linda Cappabianca - Assist PrincipalSchool Strong VincentStudent R [REDACTED] P [REDACTED] LSSpecial Ed Administrator C. [REDACTED]

INCIDENT:

Change in location of Service.

COURSE OF ACTION: 5 days In-Home IEP.to begin - Monday January 14, 2002+ ending Tuesday, January, 22, 2002Address - 732 East 10th St.Cell Phone - 572-6299Parent - Shelly + Richard Tolancy

Check List

Contact Principal (date) _____

Contact Parent (date) _____

Secured Assignments (date) _____

Secured Nora (date) _____

Behavior Plan Developed (date) _____

Tutoring (dates) _____

Comments:

DEPOSITION
EXHIBIT

moore #3

A000000600

Discipline Note

Date 1/11/02
Time PM
Administrator Linda Cappabianca - Assist. Principal
School St. Vincent
Student Kristina Long IS
Special Ed Administrator C. Moore

INCIDENT:

Change in location of service

COURSE OF ACTION: 5 days In-House IEP.
to begin Monday, January 14, 2002
& ending Tuesday, January 22, 2002
Address - 406 Raspberry St.
First Floor
Phone - 454-9685
Parent - Denise Long

Check List

Contact Principal (date) _____
Contact Parent (date) _____
Secured Assignments (date) _____
Secured Nora (date) _____
Behavior Plan Developed (date) _____
Tutoring (dates) _____

Comments:

DEPOSITION
EXHIBIT

MOORE # 4:

A000000601

- See Marlene -

Memo

The School District of the City of Erie, Pa.

CHARLISE MOORE, Supervisor
Special Education Department

Jan - 14 + Jan 22:

In Home IEP - 5 Days

943479
11-14-88- ~~Parent~~ ~~Speech~~Phone (cell) ~~312-...~~

959800

- ~~Child~~ ~~...~~ ~~...~~Phone ~~...~~

Address - 406 Raspberry St

~~First St~~

and file:

See Marlene for

SR Partial Placement

Monday 1/14/02

**DEPOSITION
EXHIBIT**

Moore # 5

6502

A000000602

I am requesting that my daughter,
K[REDACTED] L[REDACTED] be transferred to the Erie
School District's Alternative Education progr.
I waive all rights to a Hearing.

1/17/02
Denise L. [REDACTED]

DEPOSITION
EXHIBIT

MOORE # 6

A000000603

**Special Education
Department**

Memo

To: Jo Barker, Director/Elementary-Middle School Programs
From: Marlene Chrisman, Special Education Supervisor *ML*
CC: F. Scozzie/Charlise Moore/Jim Piekanski
Date: 01/15/02
Re: B-Mod Referrals

The purpose of this memo is to provide information on two students who are being referred to Sarah Reed per Frank Scozzie. Both girls were involved in a recent situation at SV of the nature and intensity that staff, including Mr. Scozzie, feels this level of intervention is essential. Both girls are under age 14 and, therefore, not eligible for the Adolescent Partial program.

The girls are:

1. K [REDACTED] L [REDACTED] (DOB: [REDACTED]/89) grade 7 LS
[REDACTED]

2. blind copy due to placement in K [REDACTED] folder.

It is my understanding that Mr. Scozzie would like the girls to begin this placement as soon as possible. Please contact Charlise Moore or myself to assist in this process.

**DEPOSITION
EXHIBIT**

Moore #7

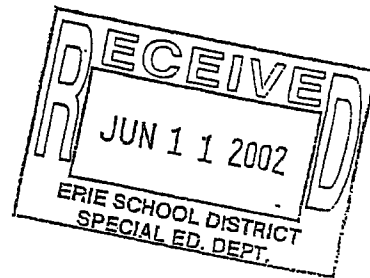
IEP REVISION / REVIEW

A000000605

Student's Name: K [REDACTED] L [REDACTED] 943020 Date: 6/7/02
 DOB: [REDACTED] 89 School: Strong Vincent Teacher: Miss Scully
 Program: Learning Support Current IEP date: _____

Purpose for meeting: Review of goals and objectives ☐ Change in percentage, ie., RRLS to PTLs ☐
 Change from 68 to 78 Manifestation Determination ☐ Behavior Support Plan or
 Adjustment ☐ Other ☐ Review of existing evaluation data - to include: existing evaluation data,
evaluations and information provided by parents, current classroom based assessments and observations,
observations by teachers and service providers, additions or modifications to the special education and related
services needed to enable the student to meet the measurable annual goals in the IEP and to participate as
appropriate in the general curriculum.

[REDACTED] will enroll at Wayne for the
 2002-2003 school year. The current IEP
 will be followed, Learning Support is 78%
 (Reading, math, English, Science, Social Studies).
 Progress will be monitored during the
 first quarter. Denise Long and teacher of
 record will decide if changes need
 to be made at IEP time in November 2002.



Signatures: Parent Denise Long
 Classroom Teacher Amia D. Cappabianca
 Special Education Teacher Miss Scully
 Principal Mr. Robert K. [REDACTED]
 Other _____
 Other _____

**DEPOSITION
EXHIBIT**

Scully #1

Copies: White - Pupils School File Yellow - Parent or Guardian Pink - Teacher Gold - other

0000003406

A000000606

THE SCHOOL DISTRICT OF THE CITY OF ERIE, PA
SPECIAL EDUCATION DEPARTMENT

MEMO



DATE: FEBRUARY 4, 2002
TO: MS. VICKI SCULLY / STRONG VINCENT
FROM: JAMES PIEKANSKI, COORDINATOR OF SPECIAL EDUCATION
RE: PROCESSING / TRACKING IEPS
STUDENT: L [REDACTED] K [REDACTED]
DOB/ID#: [REDACTED] 89 / 943020

THE ENCLOSED IS BEING RETURNED TO YOU FOR THE FOLLOWING
REASON(S), PLEASE CORRECT/ADJUST AND RETURN.

Please complete transition planning part 1 & 2 on page 6. Thanks!
Marilyn

PLEASE ATTACH & RETURN THIS MEMO ALONG WITH YOUR
CORRECTED IEP. IF MEMO IS NOT RETURNED WITH THE CORRECTED
IEP, STUDENT WILL CONTINUE TO APPEAR AS A NOT RECEIVED IEP.

PLEASE CALL MARILYN AT EXT. #6052, IF YOU HAVE ANY FURTHER
QUESTIONS. THANK YOU.

A000000607

January 10, 2001

It has been brought to my attention that on Wednesday, December 19, 2001, several students were engaged in inappropriate sexual behavior on their way home from the PASS program. B [redacted], C [redacted], R [redacted], P [redacted], C [redacted], A [redacted], Y [redacted], H [redacted], K [redacted], L [redacted], C [redacted], B [redacted], A [redacted], G [redacted], and A [redacted] K [redacted] were the students in question. After interviewing all persons involved, with the exception of K [redacted] L [redacted] because she was hospitalized at Milcreek Hospital for Mental Health reasons, it is apparent that C [redacted], Y [redacted], and A [redacted] did not participate in sexually defiant behavior.

R [redacted] P [redacted] admittedly went into the bathroom at the laundromat with Anthony K [redacted] and performed oral copulation on C [redacted] B [redacted] on December 19, 2001. She states that B [redacted] C [redacted] had forced her to go into the bathroom with A [redacted] K [redacted]. The girls had gone to Strong Vincent to meet B [redacted] C [redacted]'s older sister, [redacted] who was staying late at PASS. They had seen A [redacted], C [redacted] and A [redacted] walking towards the laundromat on West 8th Street. B [redacted] approached the boys and asked them if they would like head from R [redacted]. They entered the laundromat, corner of 8th and Washington next to the school, where B [redacted] continued to coerce R [redacted] into performing oral sex on the boys. R [redacted] was uncomfortable with the idea of having oral sex and was hesitant. Antonio states that at this point, B [redacted] started hitting R [redacted]. R [redacted] conceded and walked into the bathroom with Anthony K [redacted]. They were alone in the bathroom with the lights out for almost 15 minutes and then came out of the bathroom. At some point, they were asked to leave the laundromat because B [redacted] was swearing and throwing things. Once outside, R [redacted] and C [redacted] went behind a house that is located on Washington street. R [redacted] had given fellatio to C [redacted] B [redacted]. According to A [redacted], she had performed this act on both A [redacted] K [redacted] and C [redacted] B [redacted] a couple of times. A [redacted] denies that he engaged in any sexual activity with R [redacted]. He claims that he saw the girls on the steps of Strong Vincent and they started walking east on 8th Street. He went into the laundromat to smoke a cigarette and talk to his friend, A [redacted]. After his cigarette, he went home. He said that he did not go into the bathroom or outside with R [redacted] at anytime that evening. C [redacted] B [redacted], R [redacted], C [redacted] and A [redacted] all saw A [redacted] and R [redacted] go into the bathroom. When called into the office, A [redacted]'s first statement was, "you want to talk to me about what happened and I didn't do anything."

R [redacted] is now being taunted by B [redacted] C [redacted] at school. B [redacted] is bothering her to perform this act on other male students. On Monday, 1/7/02, there was a second incident. R [redacted] was at the water fountain. B [redacted] was in the hall asking R [redacted] to give head to a male student that walked by. R [redacted] refused. According to R [redacted], B [redacted] had shoved her into the stairwell and pushed her to follow the male student. R [redacted] walked down the stairs in the same direction as the male student, but nothing had happened.

The third incident to occur was after PASS on Monday 1/7/02. C [redacted] B [redacted] and an

**DEPOSITION
EXHIBIT**

Woods #1

JAN-15-2002 09:36

STR VINCENT

814 871 6374 P.03

A000000608

unknown Male student had left PASS. They went to the laundromat. R [REDACTED] P [REDACTED] was at the laundromat changing her clothes and waiting for her dad to pick her up. While in an alcove of the building, the unknown student had forced R [REDACTED] to sit down. He put his hands up her shirt. He brushed her hair back. He unzipped his pants and put his penis on her face. R [REDACTED] was unsure of the student's name, but was able to describe the student in detail.

K [REDACTED] L [REDACTED] was unable to be interviewed because she was hospitalized at Milcreek Hospital for Mental Health reasons. While at Milcreek, K [REDACTED] mom had said that she admitted to the counselor that she participated in oral sex with a student at Strong Vincent High School. Y [REDACTED] had stated in her interview that R [REDACTED] P [REDACTED] and K [REDACTED] L [REDACTED] had taken turns doing it to C [REDACTED]

A000000609

COMMONWEALTH OF PENNSYLVANIA		CITATION NO.	
NON-TRAFFIC CITATION		P1271388-6	
1. Magisterial District Number 06-2-01		2. Docket Number	
3. Address of Magisterial District Office 556 W 4		4. Social Security Number	
5. Defendant's Name - First C		6. Defendant's Name - Last B.	
7. Defendant's Address (Street-City-State-Zip Code)		8. State <input type="checkbox"/> PA	
9. Race/Ethnicity (W) <input type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input checked="" type="checkbox"/> Male (F) <input type="checkbox"/> Female	
11. Date of Birth (MM/DD/YY) 8/7		12. Resident Status (R) <input checked="" type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown	
13. Type of Arrest (O) <input type="checkbox"/> On-View (S) <input checked="" type="checkbox"/> Summoned/Cited		14. JUVENILE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. Parents Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Parent's Name	
17. Date Notified		18. Time	
19. Charge <input checked="" type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Retail Theft <input type="checkbox"/> Other		20. Nature of Offense [redacted] became mad at the school nurse & he displayed threatening behavior by throwing a pencil & openly using profanity thereby creating a risk.	
21. Pa. Code		22. CRIMES CODE TITLE 18 <input type="checkbox"/> 5503	
23. SECTION 191		24. SUB SEC. 1	
25. FINE		26. COSTS	
27. I.C.P.		28. TOTAL DUE \$ 1.50	
29. Lab Services Requested		30. Date	
31. Time		32. Day	
33. City/Township ERIE		34. Code	
35. Location 1330 W. 8th St.		36. County ERIE	
37. County Code		38. County Code	
39. Defendant's Signature - Acknowledges Receipt of Citation X		40. Date 10/25/01	
41. Officer's Signature Sgt. Ronald W. Shephard		42. Badge Number 135	
43. Officer's Address ERIE POLICE - 626 STATE ST.		44. ORI Number	
45. Offense Code		46. Property Record No.	
47. Systems Code		48. Incident No.	
49. Victim's Name		50. Date of Birth (MM/DD/YY)	
51. Sex		52. Race/Ethnicity	
53. Victim's Address (Street-City-State-Zip Code)		54. Phone Number	
55. Subpoena List NURSE JAN DEAN		56. Subpoena List	
57. Subpoena List		58. Subpoena List	
59. Subpoena List		60. Subpoena List	
61. Subpoena List		62. Subpoena List	
63. Subpoena List		64. Subpoena List	
65. Subpoena List		66. Subpoena List	
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93. Subpoena List		94. Subpoena List	
95. Subpoena List		96. Subpoena List	
97. Subpoena List		98. Subpoena List	
99. Subpoena List		100. Subpoena List	

AOPC 407-95 (Rev. 10/96)

DISTRICT JUSTICE

Please schedule 3:15 hearing.

DEPOSITION
EXHIBIT

Woods #2

E 000001882

D-1-T 8/1996

A000000610

The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: STRONG VINCENT H.S.Student's Name: C. [REDACTED]Date: 8-28-01Grade: 8 Class: COMPUTER LITPeriod: 7 Homeroom: 226Teacher's Signature: R. [REDACTED]Room No: 123

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☒C. Academic Problems ☐D. Other ☐

2. Explain the problem: C. [REDACTED] CONTINUED TO BE DISRUPTIVE FROM THE MINUTE HE ENTERED THE ROOM FOR 10 MINUTES HE WALKED OUT AND WAS WALKING THE HALLS

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

ASKED HIM TO BE QUIET, MOVED SEAT, EXPLAINED RULES, CONSEQUENCES. REMOVED FROM CLASS FOR TALK w/ MR. WRIGHT

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? 8/28/01 1:30 PMPhone: 461-1851

Letter: _____

For Office Use Only		For Office Use Only		For Office Use Only	
Action Taken:	Date(s):	Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After School Student Support Program		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAR Team		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School				<input type="checkbox"/> ESD Night School	

Signature of Person who received the Referral

8/30/01
E#000001883

Copy Counselor: _____ Pink Copy: Teacher/Staff Member Who Makes Referral

A000000611

ADMINISTRATIVE/FORMAL DETENTION

Student [Redacted] Date 8/29/01
Date of Detention Assignment 8/30/01 GR E HR 226
Time of Detention 3:15 - 3:45
Administrator [Signature]

461-1851
Dad
Chark
Called at
9:53
no answer

Reason for Detention Assignment:

- | | |
|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Tardiness to School | <input type="checkbox"/> Leaving Assigned Area |
| <input type="checkbox"/> Failure to Report to Detention | <input type="checkbox"/> Electronic Devices |
| <input type="checkbox"/> Dress Code Violation | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Profanity | <input type="checkbox"/> School Safety Violation |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Walking To and From School |
| <input type="checkbox"/> Loitering | <input type="checkbox"/> Gambling |

☒ Other Investigating

Comments: _____

The above student has been assigned **Administrative/Formal Detention**, which will be held after school hours for the time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the school administrator. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature _____

Date _____

White copy Student

Yellow copy Parent/Guardian

Pink copy Office

A000000612

Department of Pupil Learner Services
Child Study Office

8/20/01

Request For Home-School Visitor Service									
LAST NAME		FIRST NAME		M.I.	HOME PHONE		SCH. YEAR	STUDENT NO.	
B		C			461-1851		01-02	899489	
NUMBER		STREET NAME			STREET CODE			APT. NO.	ZIP CODE
		ST			ERIE			PA	16505
DATE OF BIRTH		SEX		CODE		RESIDENT		NAME OF PARENT OR GUARDIAN	
MO	DAY	YR.	MALE	FEMALE	W.	B.	O.	YES	NO
		87	M			B		X	
SCHOOL PUPIL ATTENDED					00-01		SCHOOL NUMBER		GR.
HARDING							361		
SCHOOL TO ATTEND SEPT.					01		SCHOOL NUMBER		GR.
STRONG VINCENT							502		08
							226		
							14		
							815 LEARNING SUPPORT		
							RESOURCE ROOM		
WITHDRAWAL DATA					RE-ENTRY DATA				
DATE		CODE		DATE		CODE			
SCHOOL		#		SCHOOL		#			
GRADE		ROOM		GRADE		ROOM			
NEW ADDRESS					APT.				
REMARKS					PRINCIPAL SIGNATURE				

FORM 80-C02

ROBI
Parent needs to come in and meet with Ms. Capp a.s.a.p. Child has been referred to my office for the past 2 days. He has been

Date received in Child Study _____ Assigned to: _____

REPORT OF HOME-SCHOOL VISITOR:

insubordinate and defiant. He has an office detention on 8/30 and a sat. det. 9/8. Dad needs to call me at 874-6504 as soon as possible to set up an appt. This is a Very Important Matter.

D-1-T 8/1996

A000000613
The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: STANGE VINCENT
Student's Name: C. [REDACTED] B. Date: 8/30/01
Grade: 8 Class: COMPUTER LIT Period: 7 Homeroom: 226
Teacher's Signature: R. Lipp Room No: 103

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☒C. Academic Problems ☐D. Other ☐

2. Explain the problem: C. [REDACTED] 1ST INCIDENT TODAY THROWING A PENCIL AT A STUDENT IN THE HALLWAY - 2ND INCIDENT, THROWING PAPER AT STUDENT IN CLASS.

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

LAST CLASS INCIDENT - REVIEW REFERRAL - TODAY CONFRONTED C. [REDACTED] WITH PROBLEM - HE ADMITTED WRONG - SAID HE WOULD STRAIGHTEN UP. CONTINUED THROWING OBJECTS! REFUSED TO PUT COMPUTER AREA NO ANSWER BACK TOGETHER

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? 8/30/01 1130AM Phone: 461-1851 Letter: Wright

For Office Use Only		For Office Use Only		For Office Use Only	
Action Taken:	Date(s):	Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After School Student Support Program		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School				<input type="checkbox"/> BSD Night School	

Ainda Cappabianca
Signature of Person who received the Referral

8/30/01

ED000001886



Erie Pennsylvania 16502

Phone: (814) 374-6300 FAX: (814) 374-6301

A000000614

Ms. Janet M. Woods
Acting Principal

Ms. Linda Cappabianca
Acting Assistant Principal
Mr. Patrick L. Hart
Assistant Principal
Mrs. Mary L. Popadak
Assistant Principal

Program For After School Suspension Notice

Date 9-7-01

Parent/Guardian B. C. [REDACTED]	Student B. C. [REDACTED]	
Address [REDACTED]	D.O.B. [REDACTED] 87	
Erie PA 16505	Grade 8	H.R. 226
	I.D. # 899489	

Dear Parent / Guardian,

Your son/daughter has been assigned to the Program for After School Suspension as follows:

Reason vulgar language/uncooperative in office

ATTENDANCE PASS

Dates 9/10, 11, 12, 13, 14 ASSN-TIME: 3:30 P.M. TO 6:30 P.M. Computer Center Code 06

Your son/daughter has been given the opportunity to discuss the above incident with administrators prior to the suspension ruling. Students are to remain in the custody of their parent/guardian during the normal school hours when assigned and attending the Program for After School Suspension (PASS). Students are not permitted on or near school grounds during the term of this suspension. The student is excluded from participation in all school sponsored activities during placement in the Program for After School Suspension. The student's regular classroom teachers will provide reasonable assignments to be completed during PASS placement. Transportation to and from this assignment is the responsibility of the student's parent/guardian.

A parent/guardian conference is requested prior to the student returning to regular classes. The cooperation of the home is requested in the enforcement of this ruling. If you have further questions, please contact school administrators.

Ms. J. M. Woods
J. M. Woods
Principal

Patrick L. Hart
Mr Patrick Hart
Assistant Principal

Mary Popadak
Ms. Mary Popadak
Assistant Principal

cc: Director
Home Room Teacher
School Office

PASS Teacher
Counselor

E 000001887

D-I-T 8/1996

The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: Shady View
Student's Name: [REDACTED] B
Grade: 8 Class: Math Period: 5 Date: Sept 7, 2001
Teacher's Signature: Miss DelFrees-Schultz Room No:

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☒C. Academic Problems ☐D. Other ☐

2. Explain the problem:

[REDACTED] was defiant about everything we did. He did complete his work, but after their work was completed he (the class) was supposed to watch a movie or find something to do - he said "I am not watching no Texas"

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

Longer ass movie. He also said the "F" word. I gave him more than enough warnings to get on task - and redirected him - He was also late for class - but I let that go..

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? Phone: Letter:

For Office Use Only:

Action Taken:

- ☐ Personal Detention
☐ After-School Detention
☐ Saturday Detention
☐ Program for After-School Susp.
☐ Out-of-School Suspension
☐ Warning Letter
☐ Alternative Education
☐ Expulsion
☐ North Coast School
☐ Hamilton Day School

Date(s):

Action Taken:

- ☐ Parent Contact/Conference
☐ Counselor
☐ Nurse
☐ After-School Student Support Program
☐ Peer Mediation
☐ Conflict Resolution
☐ Parenting Program
☐ SAP Team
☐ Hamilton G.E.D.

Date(s):

Action Taken:

- ☐ Home/School Visitor
☐ Children and Youth
☐ Attendance Duty Letter
☐ 1st Notice
☐ 2nd Notice
☐ Truancy Referral
☐ Withdrawal
☐ Probation Officer
☐ Police Notified
☐ ESD Night School

Date(s):

Anda Cappabianca
Signature of Person who received the Referral

9/7/01
Date

000001888

D-1-T 8/1996

The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: STRONG VINCENT
Student's Name: ~~CHARLES~~ B. Date: 9/7/01
Grade: 8 Class: COMP LITT Period: 7 Homeroom: 226
Teacher's Signature: R. Lynch Room No: 123

1. Reason for referral:

- A. Attendance
1. Absenteeism ☐
2. Chronically Late ☐
3. Medical ☐
B. Behavior Problem ☒
C. Academic Problems ☐
D. Other ☐

REQUEST REMOVAL FROM
CLASS ROOM

2. Explain the problem: CHARLES CONTINUES TO DISRUPT THE CLASS
HE WAS GOOD FROM 12:00-1:00 AFTER 1:00 CHARLES
CONTINUOUSLY DISRUPTED THE CLASS FOR 10 MINUTES
CONSTANT INTERACTION WITH JEREMY KIMBRUGH
3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

TRIED TALKING TO CHARLES TO REASON AND REMEMBER THAT
THIS BEHAVIOR IS UNACCEPTABLE - 2 PREVIOUS REFERRALS
SCHEDULED PARENT CONFERENCE 9/6 - NO SHOW.
HOMR SCHOOL VISIT.

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? _____ Phone: _____ Letter: _____

For Office Use Only:		For Office Use Only:		For Office Use Only:	
Action Taken:	Date(s):	Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After School Student		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Support Program		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> ESD Night School	

Signature of Person who received the Referral

White Copy: Student File; Green Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

000001889

A000000617

9/7/01

RE: C [REDACTED] B

MS. ACKE CAME TO ME TO TELL ME THAT C [REDACTED] B (WHO IS NOT PART OF HER CLASS) WAS IN THE BOYS LOCKER ROOM. C [REDACTED] LEFT THE LOCKER ROOM AND WAS HIDING BEHIND THE N.E. CORNER DOORS. WHEN I SIGNALLED HIM TO COME TO ME, HE STARTED UP THE STAIRS. AS I APPROACHED THE STAIRS, HE RAN OFF, UP THE STAIRS.

Scott A. Burbee (SB)



Erie Pennsylvania 16502

Phone: (814) 871-6300 FAX: (814) 371-6501

A000000618

Ms. Janet M. Woods
Acting Principal

Ms. Linda Cappabianca
Acting Assistant Principal
Mr. Patrick L. Hart
Assistant Principal
Mrs. Mary L. Popadak
Assistant Principal

Date 9-8-01

Saturday Detention Notice

Parent/Guardian B C [REDACTED]
Address [REDACTED]
Erie PA 16505

Student B C [REDACTED]
D.O.B [REDACTED]
Grade 8 H.R. 226
I.D. # 899489

Dear Parent / Guardian,

Your son/daughter has been assigned Saturday Detention as follows:

Reason insubordination/classroom disruption

Dates 9/8/01 ASSN-TIME: 9:00 A.M. TO 12:00 P.M. Computer Center Code 10

Your son/daughter is to report to this assignment promptly and be prepared to complete appropriate academic work as assigned by the staff member in charge of Saturday Detention. Failure to serve this Saturday Detention, or further incidents of misbehavior and/or failure to comply with rules and guidelines of Saturday Detention will result in, at minimum, a three (3) day assignment to the Program for After School Suspension (PASS). Transportation to and from Saturday Detention is the responsibility of parent/guardian.

The cooperation of the home is requested in the enforcement of this ruling. Questions or concerns regarding this assignment should be referred to school administrators.

Ms. J. M. Woods

Principal

Patrick L. Hart
Mr Patrick Hart
Assistant Principal

Mary Popadak
Ms. Mary Popadak
Assistant Principal

cc: Director
Home Room Teacher
School Office

Counselor

E 000001891

D-I-T 8/1996

The School District of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: STRONG VINCENTStudent's Name: CH [REDACTED] B.Date: 9/11/01Grade: 8 Class: COMP LITPeriod: 07

Homeroom: _____

Teacher's Signature: R. L. [REDACTED]Room No: 103

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☐C. Academic Problems ☐D. Other ☒CHECK THIS OUT

2. Explain the problem:

CH [REDACTED] ARRIVED FROM YOUR OFFICE IN RM 103 @
1:02 PM - PASS HAD 12:35 CROSSED OUT TO 12:45

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? _____

Phone: _____

Letter: _____

For Office Use Only:

Action Taken:

- ☐ Personal Detention
☐ After-School Detention
☐ Saturday Detention
☐ Program for After-School Susp.
☐ Out-of-School Suspension
☐ Warning Letter
☐ Alternative Education
☐ Expulsion
☐ North Coast School
☐ Hamilton Day School

Date(s): _____

Action Taken:

- ☐ Parent Contact/Conference
☐ Counselor
☐ Nurse
☐ After School Student Support Program
☐ Peer Mediation
☐ Conflict Resolution
☐ Parenting Program
☐ SAP Team
☐ Hamilton G.E.D.

Date(s): _____

Action Taken:

- ☐ Home/School Visitor
☐ Children and Youth
☐ Attendance/Tardy Letter
☐ 1st Notice
☐ 2nd Notice
☐ Truancy Referral
☐ Withdrawal
☐ Probation Officer
☐ Police Notified
☐ ESD Night School

Date(s): _____

Anda Coppalanza
 Signature of Person who received the Referral

9/12/01
 Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral.

E 000001892

A000000620

BEHAVIORAL CONTRACT

I, C. [REDACTED] B., HEREBY DECLARE THAT I WILL FOLLOW ALL SCHOOL AND CLASSROOM RULES. I WILL LISTEN TO MY TEACHERS AND COMPLETE ALL MY ASSIGNMENTS TO THE BEST OF MY ABILITY. I WILL ARRIVE ON TIME AND BE PREPARED FOR ALL CLASSES. I WILL CARRY A BEHAVIOR SHEET TO ALL MY CLASSES AND RETURN IT TO MY TEACHER AT THE END OF EACH DAY. I UNDERSTAND MY RESPONSIBILITIES AS A STRONG VINCENT STUDENT AND DEPENDABLE YOUNG ADULT. I WILL BE HELD ACCOUNTABLE FOR MY ACTIONS IF I CHOOSE TO BREAK THIS CONTRACT; I HAVE DISCUSSED THE CONSEQUENCE FOR INAPPROPRIATE BEHAVIOR WITH THE PRINCIPAL, MY TEACHER, AND MY PARENT OR GUARDIAN. IF I AM SUCCESSFUL, I WILL CONTINUE MY EDUCATIONAL CAREER AT STRONG VINCENT AND WILL NOT BE PROCESSED FOR AN ALTERNATIVE PLACEMENT.

STUDENT SIGNATURE C. [REDACTED] B. DATE 9/12/01

PARENT SIGNATURE _____ DATE _____

TEACHER SIGNATURE Mrs. [REDACTED] DATE 9/12/01

ADMINISTRATOR SIGNATURE Gina Capabianca DATE 9/12/01

I agree not to fight in school or outside of school or I will be charged with disorderly conduct. I will not be permitted to attend school assemblies or field trips. I will also have to sit alone in the main office for lunch until I am able to get along with all students.

The School District of the City of Erie, Pennsylvania

A000000621

TEACHER/PERSONAL DETENTION NOTICEDate 9/13/01

Student C. [REDACTED] B. GR 8 HR 726
 Date of Detention Assignment 9-14-01
 Time of Detention 3:05 - 3:35 G-50
 Teacher R. [REDACTED]

Reason for Detention Assignment:

- | | |
|----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Failure To Do Homework |
| <input type="checkbox"/> Unprepared For Class | <input type="checkbox"/> Disrespectful Behavior |
| <input checked="" type="checkbox"/> Classroom Disruption | <input type="checkbox"/> Other |

Comments: SEVERAL WARNINGS - CONTINUED
DISRUPTIVE BEHAVIOR

The above student has been assigned **Teacher/Personal Detention**, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

REQUIRED
 Parent/Guardian Signature _____

Date _____

White copy Student/Parent Guardian

Yellow copy Teacher

Pink copy Office

A000000622

9/14/01

Miss Capp

Ch. [REDACTED] needs to

Get down. Problems

with Jeremy.

Mrs Manus

224

1030

X = Good Behavior

O = No Points

A000000623

____ Day

Behavior Chart

Name: Cl [redacted] B.Period: 1

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class XDate: 9/14/01

Teacher Comments:

OKTodayPeriod 2OT XCW XAL YSS XFD X (made it)good overallRAP song was great!Period 3OT ✓CW ✓AL ✓SS ✓FD ✓OKPeriod 4OT ✓CW ✓AL ✓SS ✓FD ✓OK Daily

Originating Teacher: _____

D-1-T 8/1996

The School District of the City of Erie, Pennsylvania
 1511 Peach Street • Erie, Pennsylvania 16501

6-y.m

Teacher/Staff Referral Form

School: Strong Vincent
 Student's Name: [REDACTED] B
 Grade: 7 Class: Date: 9/14/01
 Teacher's Signature: [Signature] Period: Homeroom:
 Room No:

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐

B. Behavior Problem ☒

C. Academic Problems ☐D. Other ☐

2. Explain the problem:

Disrespectful, threw a pen @ me & used foul language

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When?

Phone:

Letter:

For Office Use Only:

Action Taken:

- ☐ Personal Detention
- ☐ After-School Detention
- ☐ Saturday Detention
- ☐ Program for After-School Susp.
- ☐ Out-of-School Suspension
- ☐ Warning Letter
- ☐ Alternative Education
- ☐ Expulsion
- ☐ North Coast School
- ☐ Hamilton Day School

Date(s):

Action Taken:

- ☐ Parent Contact/Conference
- ☐ Counselor
- ☐ Nurse
- ☐ After-School Student Support Program
- ☐ Peer Mediation
- ☐ Conflict Resolution
- ☐ Parenting Program
- ☐ SAP Team
- ☐ Hamilton G.E.D.

Date(s):

Action Taken:

- ☐ Home/School Visit
- ☐ Children and Youth
- ☐ Attendance/Tardy Letter
- ☐ 1st Notice
- ☐ 2nd Notice
- ☐ Referral
- ☐ Withdrawal
- ☐ Probation Officer
- ☐ Police Notified
- ☐ ESD Night School

Date(s):

[Signature]
 Signature of Person who received the Referral

9/13/01
 Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

E 000001897

X = Good Behavior

O = No Points

A000000625

B Day

Behavior Chart

Name: Cliff BPeriod: 1B

Code

On Time ✓Complete Work ✓Appropriate Language ✓Stays in Seat N/AFollows Directions ✓No cutting Class ✓Date: 9/17/01

Teacher Comments:

* DID A GOOD JOB TODAY.(SB)Period 6OT passCW XAL XSS XFD Xbothering others
took another student's
calculatorDFPeriod OT CW AL SS FD Period 8OT yesCW yesAL yesSS yesFD yesHe WAS OK TODAYDonchOriginating Teacher:

Please return to Ms. Capp at 12:55

Anna 000000998

The School District of the City of Erie, Pennsylvania

A000000626

TEACHER/PERSONAL DETENTION NOTICEDate 9-17-01

Student C. [REDACTED] B. GR 8 HR 226
 Date of Detention Assignment 9-19
 Time of Detention 3:05 - 3:35 PM 6-50
 Teacher R. [REDACTED]

Reason for Detention Assignment:

- | | |
|-----------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Tardiness | <input type="checkbox"/> Failure To Do Homework |
| <input type="checkbox"/> Unprepared For Class | <input type="checkbox"/> Disrespectful Behavior |
| <input type="checkbox"/> Classroom Disruption | <input type="checkbox"/> Other |

Comments: TARDY TO CLASS 5 MIN.

The above student has been assigned **Teacher/Personal Detention**, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature _____

Date _____

White copy Student/Parent GuardianYellow copy TeacherPink copy Office

0000000627

TEACHER/PERSONAL DETENTION NOTICE

Date 9-17-01

Student CHAMBERLAIN B

Date of Detention Assignment 9-19 GR 8 HR 226

Time of Detention 7:05 - 3:35 PM 6:50

Teacher R. [Signature]

Reason for Detention Assignment:

- | | |
|-----------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Tardiness | <input type="checkbox"/> Failure To Do Homework |
| <input type="checkbox"/> Unprepared For Class | <input type="checkbox"/> Disrespectful Behavior |
| <input type="checkbox"/> Classroom Disruption | <input type="checkbox"/> Other |

Comments: TARDY TO CLASS 5 MIN.
NO SHOW 3X

The above student has been assigned **Teacher/Personal Detention**, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature _____
 Date _____

White copy Student/Parent Guardian

Yellow copy Teacher

Pink copy Office

D-I-T 8/1996

The School District of the City of Erie, Pennsylvania
 1511 Peach Street • Erie, Pennsylvania 16501

Teacher/Staff Referral Form

School: Strong Vincent
 Student's Name: [Redacted] B.
 Grade: 08 Class: Homeroom Date: 9/18/01
 Teacher's Signature: [Signature] Period: 1st Homeroom: 226
 Room No: 226

1. Reason for referral:

A. Attendance

1. Absenteeism ☐
 2. Chronically Late ☐
 3. Medical ☐

B. Behavior Problem ☒

- C. Academic Problems ☐
 D. Other ☐

2. Explain the problem:

[Redacted] was inebriated to staff. [Redacted] was in the hallway unattended by staff. I directed [Redacted] to go to homeroom but [Redacted] ignored me and walked away from me. [Redacted] kept walking away from me and away from the middle class classroom. [Redacted] did not have permission to be out of homeroom.

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? _____ Phone: _____ Letter: _____

For Office Use Only:

Action Taken:

- ☐ Personal Detention
☐ After-School Detention
☐ Saturday Detention
☐ Program for After-School Susp
☐ Out-of-School Suspension
☐ Warning Letter
☐ Alternative Education
☐ Expulsion
☐ North Coast School
☐ Hamilton Day School

Date(s): _____

Action Taken:

- ☐ Parent Contact Conference
☐ Counselor
☐ Nurse
☐ After-School Student Support Program
☐ Peer Mediation
☐ Conflict Resolution
☐ Parenting Program
☐ SAP Team
☐ Hamilton G.E.D.

Date(s): _____

Action Taken:

- ☐ Home/School Visitor
☐ Children and Youth
☐ Attendance/Tardy Letter
☐ 1st Notice
☐ 2nd Notice
☐ Truancy Referral
☐ Withdrawal
☐ Probation Officer
☐ Police Notified
☐ ESD Night School

Date(s): _____

Signature of Person who received the Referral

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

Date

E 000001901

D-I-T 8/1996

The School District of the City of Erie, Pennsylvania
 148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: STRONG VINCENTStudent's Name: C. [REDACTED] B.Date: 9/19/01Grade: 08 Class: COMPUTER LITPeriod: 7Homeroom: 226Teacher's Signature: R. LIPCHIKRoom No: @ 103

1. Reason for referral:

A. Attendance

1. Absenteeism ☐2. Chronically Late ☐3. Medical ☐B. Behavior Problem ☒C. Academic Problems ☐D. Other ☐

2. Explain the problem: C. [REDACTED] WAS ESCORTED TO CLASS BY MS SKULLY @ 1:00 FOR Pd 7 WHICH STARTS AT 12:06 - C. [REDACTED]

MANAGED TO DISRUPT THE CLASS WITH HIS TALKING AND CARRYING ON. THIS IS CHRONIC DISRUPTIVE BEHAVIOR.

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

DETENTIONS - REFERRALS - REQUEST FOR PARENT CONF.
2 - NO SHOWS. - HOME VISIT BY MR. WRIGHT

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? _____

Phone: _____

Letter: _____

For Office Use Only:		For Office Use Only:		For Office Use Only:	
Action Taken	Date(s)	Action Taken	Date(s)	Action Taken	Date(s)
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact Conference		<input type="checkbox"/> Home School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Vardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After School Student Support Program		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School				<input type="checkbox"/> ESD Night School	

Signature of Person who received the Referral

Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

E 000001902

The School District of the City of Erie, PA
A000000630
Functional Behavior Assessment

Student [REDACTED]Grade FSchool Strong VincentDate 10/18/01Time 9:40-10:40Subject LS MathStaff Reporter J. Shaw**GLOBAL INFORMATION**

Behavior out of seat bothering other students backtalk when redirected

Strengths does well when focused on assignments Very bright

Attempted Intervention / Duration 3 warnings, sit close to teacher, alternative assignments

Academics good in Math and reading

Family / Social bothers others instigates fights between peers

Please state where, when, and with whom the problem behavior is most likely to occur.

Where In Classroom / in Hallway

When during class, when being redirected due to poor behavior

With whom People in Authority positions

BEHAVIORS

Check the two most severe behaviors

HE/SHE WILL:

- ☐ Refuse directions
☒ Be off task
☒ Be physically / verbally aggressive
☐ Destroy property
☒ Provoke / tease others
☐ Leave class
☐ Injure self
☒ Be tardy
☐ Sleep
☒ Not complete work
☐ Be absent
☒ Swear
☐ Other (specify) _____

ANTECEDENTS

What happened immediately before the problem behavior?

WHEN:

- ☐ Demand / request
☒ Unstructured time
☒ Loud / disruptive environment
☒ Other student provoked
☒ Transition between tasks
☒ Transition between classes
☐ Difficult academic tasks
☐ Interruptions
☒ Attention given to others
☒ Stopped from doing desired activity
☒ Other (specify) out of seat constantly

FUNCTIONS

What is the student getting from this behavior?

IN ORDER TO:

- ☒ Gain Attention
☒ Adult
☒ Student
☐ Other _____
☐ Escape / Avoid
☐ Activity
☐ Anxiety / Fear
☐ Negative interaction
☐ Difficult work
☒ Get Something
☒ Power / Control
☐ Desired item / Activity

WHAT HAPPENED AFTER?

What did the teacher do, following the behavior?

- ☐ Nothing / Ignored
☒ Physical redirection
☐ Student continued activity
☒ Verbal redirection
☒ Separation within room area
☒ Removal from room
☐ Call for assistance
☐ Call parent
☒ Teacher / peer attention
☒ Loss of privileges
☒ Other (specify) Sent to office

HYPOTHESIS

BEHAVIOR
HE / SHE WILL:

ANTECEDENTS
WHEN:

FUNCTION
IN ORDER TO:

talk out / touch others

Someone walks by redirected by teacher New person enters a room.

Have power, show off, act tough, avoid work.

E 000001903

Functional Behavior Assessment

Student [redacted] Grade F School Strong Vincent
 Date 10/19/01 Time 12:00 Subject Social Studies Staff Reporter C. Marcus

GLOBAL INFORMATION

Behavior out of seat, talking
out, back talk when
re-directed
 Attempted Intervention / Duration _____
 Strengths does well when focused
on assignments very bright
 Academics good comprehension
skills
 Family / Social bothers others
instigates fights

Please state where, when, and with whom the problem behavior is most likely to occur.

Where In classroom/hallway
 When during class when being redirected due to poor behavior
 With whom People in authority positions

BEHAVIORS

Check the two most severe behaviors

HE/SHE WILL:

- ☐ Refuse directions
- ☒ Be off task
- ☒ Be physically / verbally aggressive
- ☐ Destroy property
- ☐ Provoke / tease others
- ☐ Leave class
- ☐ Injure self
- ☐ Be tardy
- ☐ Sleep
- ☐ Not complete work
- ☐ Be absent
- ☐ Swear
- ☐ Other (specify) _____

ANTECEDENTS

What happened immediately before the problem behavior?

WHEN:

- ☐ Demand / request
- ☐ Unstructured time
- ☒ Loud / disruptive environment
- ☐ Other student provoked
- ☐ Transition between tasks
- ☐ Transition between classes
- ☐ Difficult academic tasks
- ☐ Interruptions
- ☒ Attention given to others
- ☐ Stopped from doing desired activity
- ☐ Other (specify) _____

FUNCTIONS

What is the student getting from this behavior?

IN ORDER TO:

- ☒ Gain Attention
 - ☒ Adult
 - ☒ Student
 - ☐ Other _____
- ☐ Escape / Avoid
 - ☐ Activity
 - ☐ Anxiety / Fear
 - ☐ Negative interaction
 - ☐ Difficult work
- ☒ Get Something
 - ☒ Power / Control
 - ☐ Desired item / Activity

WHAT HAPPENED AFTER?

What did the teacher do, following the behavior?

- ☐ Nothing / Ignored
- ☒ Physical redirection
- ☒ Student continued activity
- ☒ Verbal redirection
- ☐ Separation within room area
- ☒ Removal from room
- ☐ Call for assistance
- ☐ Call parent
- ☒ Teacher / peer attention
- ☒ Loss of privileges
- ☐ Other (specify) sent to office

HYPOTHESIS

BEHAVIOR HE / SHE WILL:

Talk out / touch others

ANTECEDENTS WHEN:

Someone walks by
redirected by teacher
new person enters room

FUNCTION IN ORDER TO:

Have power, show off, act tough
avoid work

D-I-T 8/1996

The School District of Erie, Pennsylvania
 148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: Spring ValleyStudent's Name: C. [REDACTED] BDate: 9/20/01Grade: 08 Class: Autism Period: 1 Homeroom: 226Teacher's Signature: Mr. Kitchen Room No: 226

1. Reason for referral:

A. Attendance

B. Behavior Problem ☒1. Absenteeism ☐2. Chronically Late ☐C. Academic Problems ☐3. Medical ☐D. Other ☐

2. Explain the problem: C. [REDACTED] was being very disruptive at the assembly. C. [REDACTED] was constantly talking and causing a disruption. C. [REDACTED] also was touching others and throwing candy across the Auditorium. I moved his seat by me and directed him to be quiet. C. [REDACTED]

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

I ignored Teacher direction, and continued to yell, stand-up, and bother others in the Assembly. It is my recommendation that C. [REDACTED] be placed on the "W330" list for future assemblies for his very poor behavior.

4. Have you contacted the parents/guardians? ☐ Yes ☐ No (Keep written documentation)

When? _____ Phone: _____ Letter: _____

For Office Use Only		For Office Use Only	
Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After-School Student Support Program	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Home School Visitor	
		<input type="checkbox"/> Children and Youth	
		<input type="checkbox"/> Attendance/Order Letter	
		<input type="checkbox"/> 1st Notice	
		<input type="checkbox"/> 2nd Notice	
		<input type="checkbox"/> Truancy Referral	
		<input type="checkbox"/> Withdrawal	
		<input type="checkbox"/> Probation Officer	
		<input type="checkbox"/> Police Notified	
		<input type="checkbox"/> ESD Night School	

[Signature]
 Signature of Person who received the Referral

9/20/01
 Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

E 000001905

Discipline Incident Report

Date Printed: 9/20/2001

A000000633
Strong Vincent

1330 West 8Th Street
Erie, Pa 16502

Date: 9/20/2001

Student: C [REDACTED]

Student No.

Teacher: WRIGHT, Mr.

Location: Teacher's Classroom

Offense: Disruption of Education

Comments: TWO NIGHTS OF PASS ADDED AND SATURDAY DETENTION ON 9/22.

Disposition: Saturday Detention

Days of
Detention
Assigned 1

Parents Signature _____

This form must be signed by the student's parent or guardian and returned to the office

E 000001906

A000000634

ATT. PASS
M/SCAD. 9/25
F.Y. 1

C[REDACTED] B

OUT OF ROOM 5:45 - 6:30
IN HALLWAY.
FOR THROWING PAPER
IN PASS

MRT

The School District of the City of Erie, Pennsylvania

A000000635

ADMINISTRATIVE/FORMAL DETENTION

Student [REDACTED] Date 10-2-01
 Date of Detention Assignment 10-3-01 GR 8 HR 226
 Time of Detention 3:15 3:45
 Administrator M. Cappabianca

Reason for Detention Assignment:

- | | |
|---------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Tardiness to School | <input type="checkbox"/> Leaving Assigned Area |
| <input type="checkbox"/> Failure to Report to Detention | <input type="checkbox"/> Electronic Devices |
| <input type="checkbox"/> Dress Code Violation | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Profanity | <input type="checkbox"/> School Safety Violation |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Walking To and From School |
| <input type="checkbox"/> Loitering | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Other | |

Comments:

tardy to class; on the wing
classroom getting disturbed.

The above student has been assigned **Administrative/Formal Detention**, which will be held after school hours for the time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the school administrator. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature _____

Date _____

White copy StudentYellow copy Parent/GuardianPink copy Office

D-1-T 8/1996

A000000636

The School District of the City of Erie, Pennsylvania
148 West 21st Street • Erie, Pennsylvania 16502

Teacher/Staff Referral Form

School: STRONG VINCENT
 Student's Name: C. [REDACTED] B.
 Grade: 8 Class: CAMP LIT Date: 10/3/01
 Teacher's Signature: R. [REDACTED] Period: 7 Homeroom: 226
 Room No: 103

1. Reason for referral:

A. Attendance

B. Behavior Problem ☐1. Absenteeism ☐2. Chronically Late ☒C. Academic Problems ☐3. Medical ☐D. Other ☐

2. Explain the problem:

C. [REDACTED] WAS ESCORTED TO CLASS BY
MR. WRIGHT @ 12:25 PM - C. [REDACTED] WAS PLAYING
IN THE HALLS PER MR. WRIGHT

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

DETENTIONS - NO SHOW - REFERRALS - 5
REQUEST PARENT CONF. 2 NO SHOWS BY PARENT
REQUEST PARENT @ OPEN HOUSE - NO SHOW -
NEVER AN ANSWER ON PHONE -

4. Have you contacted the parents/guardians? ☐ Yes ☒ No (Keep written documentation)

When? _____

Phone: _____

Letter: _____

For Office Use Only:

Action Taken:

- ☐ Personal Detention
☐ After-School Detention
☐ Saturday Detention
☐ Program for After-School Susp.
☐ Out-of-School Suspension
☐ Warning Letter
☐ Alternative Education
☐ Expulsion
☐ North Coast School
☐ Hamilton Day School

Date(s): _____

Action Taken:

- ☐ Parent Contact/Conference
☐ Counselor
☐ Nurse
☐ After School Student
☐ Support Program
☐ Peer Mediation
☐ Conflict Resolution
☐ Parenting Program
☐ SAP Team
☐ Hamilton C.E.D.

Date(s): _____

Action Taken:

- ☐ Home/School Visitor
☐ Children and Youth
☐ Attendance/Tardy Letter
☐ 1st Notice
☐ 2nd Notice
☐ Truancy Referral
☐ Withdrawal
☐ Probation Officer
☐ Police Notified
☐ ESD Night School

Date(s): _____

Jinda C.
 Signature of Person who received the Referral

White Copy: Student File: Canary Copy: Counselor: Pink Copy: Teacher/Staff Member Who Makes Referral

10/4/01
 Date 080001909



1336 West Eighth Street
Erie Pennsylvania 16502
Phone: (814) 874-4511 Fax: (814) 874-4511

Ms. Janet M. Woods
Acting Principal

Ms. Linda Cappabianca
Acting Assistant Principal
Mr. Patrick L. Hart
Assistant Principal
Mrs. Mary L. Popadak
Assistant Principal

Date 10-4-01

Program For After School Suspension Notice

Parent/Guardian	B. C. [REDACTED]	Student	B. C. [REDACTED]
Address	[REDACTED] Erie, PA 16505	D.O.B	[REDACTED] 87
		Grade	8
		H.R.	226
		I.D. #	899489

Dear Parent / Guardian,

Your son/daughter has been assigned to the Program for After School Suspension as follows:

Reason Insubordination - Walking out of class without permission

ATTENDANCE PASS

Dates 10/5, 8, & 9 ASSN-TIME: 3:30 P.M. TO 6:30 P.M. Computer Center Cod 10

Your son/daughter has been given the opportunity to discuss the above incident with administrators prior to the suspension ruling. Students are to remain in the custody of their parent/guardian during the normal school hours when assigned and attending the Program for After School Suspension (PASS). Students are not permitted on or near school grounds during the term of this suspension. The student is excluded from participation in all school - sponsored activities during placement in the Program for After School Suspension. The student's regular classroom teachers will provide reasonable assignments to be completed during PASS placement. Transportation to and from this assignment is the responsibility of the student's parent/guardian.

A parent/guardian conference is requested prior to the student returning to regular classes. The cooperation of the home is requested in the enforcement of this ruling. If you have further questions, please contact school administrators.

Patrick L. Hart
Mr Patrick Hart
Assistant Principal

Ms. J.M. Woods
Ms. J.M. Woods
Principal

Mary Popadak
Ms. Mary Popadak
Assistant Principal

cc: Director
Home Room Teacher
School Office

PASS Teacher
Counselor

The School District of the City of Erie, Pennsylvania
1511 Peach Street Erie, Pennsylvania 16501

Teacher/Staff Referral Form

School: S.V.
Student's Name: [REDACTED] B.
Grade: 8 Class: English Date: 10/4/01
Teacher's Signature: [Signature] Period: 2 Homeroom:
Room No: 224

1. Reason for referral:

- A. Attendance ☐ B. Behavior Problem ☐
1. Absenteeism ☐ C. Academic Problems ☐
2. Chronically Late ☐ D. Other ☒
3. Medical ☐

2. Explain the problem:

[REDACTED] refuses to follow class rules.
Insubordinate - walking out of class
without permission

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☒ Yes ☐ No (Keep written documentation)

When? Last Thursday Phone: Letter:

For Office Use Only:		For Office Use Only:		For Office Use Only:	
Action Taken:	Date(s):	Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance/Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After-School Student Support Program		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Probation Office	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School				<input type="checkbox"/> ESD Night School	

[Signature]
Signature of Person who received the Referral

10/4/01
Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

A000000639

X = Good Behavior

() = No Points

A Day

Behavior Chart

Name: C. [redacted] B.Date: 10-04-01Period: 1

Teacher Comments:

Code

On Time _____

Complete Work XAppropriate Language X

Stays in Seat _____

Follows Directions XNo cutting Class XCame in late due to CAT 5 testingGood/GoodPeriod 2OT XCW XAL XSS XFD XGoodPeriod 3OT XCW 1/2AL 1/2SS 1/2FD 1/2Need to follow class rulesPeriod 4OT yesCW yesAL no(?)SS yesFD 1/2OK day but Charles can do better

Originating Teacher: _____

X = Good Behavior

A000000640

A Day

() = No Points

Behavior Chart

Name: Charles BDate: 12/10/01Period: 1

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class X

did well
today

Period 2OT XCW XAL XSS XFD X

Completed all work
Great!

Period 3OT 0CW 0AL 0SS 0FD 0

I need to see Charles
Mother. Charles needs
to control his temper
& follow class rules

Period 4OT in officeCW XAL XSS XFD X

had a good class.

Originating Teacher: _____

The School District of the City of Erie, Pennsylvania
1511 Peach Street, Erie, Pennsylvania 16501

Teacher/Staff Referral Form

School: S.V.
Student's Name: [REDACTED] Date: 10/17/01
Grade: 8 Class: Some Studies Period: 3 Homeroom: _____
Teacher's Signature: Manus Room No: 224

1. Reason for referral:

- A. Attendance ☐ B. Behavior Problem ☐
1. Absenteeism ☐
2. Chronically Late ☐ C. Academic Problems ☐
3. Medical ☐ D. Other ☒

2. Explain the problem: Walking in Halls (should be in the Studio)
Horseplay - fighting with Evan & Kowalski

3. Briefly summarize what you have done to correct this problem. IF DETENTION WAS ASSIGNED, GIVE THE DATES AND INDICATE WHETHER STUDENT APPEARED FOR DETENTION.

4. Have you contacted the parents/guardians? ☒ Yes ☐ No (Keep written documentation)

When? _____ Phone: _____ Letter: _____

For Office Use Only:		For Office Use Only:		For Office Use Only:	
Action Taken:	Date(s):	Action Taken:	Date(s):	Action Taken:	Date(s):
<input type="checkbox"/> Personal Detention		<input type="checkbox"/> Parent Contact/Conference		<input type="checkbox"/> Home/School Visitor	
<input type="checkbox"/> After-School Detention		<input type="checkbox"/> Counselor		<input type="checkbox"/> Children and Youth	
<input type="checkbox"/> Saturday Detention		<input type="checkbox"/> Nurse		<input type="checkbox"/> Attendance Tardy Letter	
<input type="checkbox"/> Program for After-School Susp.		<input type="checkbox"/> After-School Student		<input type="checkbox"/> 1st Notice	
<input type="checkbox"/> Out-of-School Suspension		<input type="checkbox"/> Support Program		<input type="checkbox"/> 2nd Notice	
<input type="checkbox"/> Warning Letter		<input type="checkbox"/> Peer Mediation		<input type="checkbox"/> Truancy Referral	
<input type="checkbox"/> Alternative Education		<input type="checkbox"/> Conflict Resolution		<input type="checkbox"/> Withdrawal	
<input type="checkbox"/> Expulsion		<input type="checkbox"/> Parenting Program		<input type="checkbox"/> Probation Officer	
<input type="checkbox"/> North Coast School		<input type="checkbox"/> SAP Team		<input type="checkbox"/> Police Notified	
<input type="checkbox"/> Hamilton Day School		<input type="checkbox"/> Hamilton G.E.D.		<input type="checkbox"/> ESD Night School	

Dina Capellano
Signature of Person who received the Referral

10/17/01
Date

White Copy: Student File; Canary Copy: Counselor; Pink Copy: Teacher/Staff Member Who Makes Referral

A000000642

10/24/01
Period 5To: Ms Capp
Re: ~~_____~~ B.

~~_____~~ was disruptive the entire period. He talked continually and bothered other students.

Walked out of class at 2:45.
without permission

Schaffnit

About being late 20 min:

He told me he was with Mr. Wright, but Mr. Wright told me he only saw him for 5 minutes at the most. He came to my room & I sent him for a ^{from him} paper. That was when he went to you.

E 000001915

A000000643

TEACHER/PERSONAL DETENTION NOTICE

Date 10/25/01

Student Ch[REDACTED] B.

GR _____ HR _____

Date of Detention Assignment _____

Time of Detention _____

Teacher Miss Church

Reason for Detention Assignment:

☐

Tardiness

☐

Failure To Do Homework

☐

Unprepared For Class

☒

Disrespectful Behavior

☒

Classroom Disruption

☐

Other

Comments: talking back to both subs, walking out of class

The above student has been assigned **Teacher/Personal Detention**, which will be held after school hours for the amount of time indicated above. The policy is to provide 24 hour notice of the detention assignment. The parent/guardian acknowledges the detention assignment by signing this notice. The student then returns the signed notice to the teacher who has made the detention assignment. Failure to report to the detention assignment will result in further disciplinary action as indicated in the Discipline Policy of the Erie School District.

Parent/Guardian Signature _____

Date _____

White copy Student/Parent Guardian

Yellow copy Teacher

Pink copy Office

X = Good Behavior

O = No Points

A000000644

A Day

Behavior Chart

Name: Ch [redacted] BDate: 10/29/01Period: 1

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class XexcellentBest Day Yet!
GLPeriod 2OT XCW N/AAL XSS XFD XGreat day!ALCPeriod 3OT XCW N/AAL XSS OFD ONot as good
as 2nd periodALCPeriod 4OT yesCW yesAL yesSS yesFD yespretty goodYidunsmileyOriginating Teacher: Linda CPlease return at 255

X = Good Behavior

A000000645

A Day

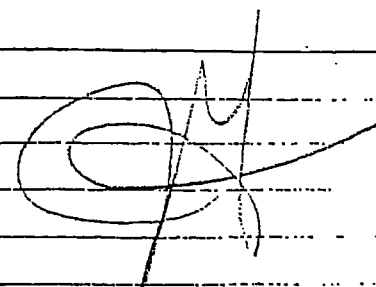
O = No Points

Behavior Chart

Name: C. [REDACTED] B.Date: 10/31/01Period: 1

Teacher Comments:

Code

On Time XComplete Work XAppropriate Language XStays in Seat XFollows Directions XNo cutting Class XPeriod 2OT XCW XAL XSS XFD Period 3OT XCW XAL XSS XFD XPeriod 4OT yesCW yesAL yesSS noFD noOriginating Teacher: Linda Capp


Good morning
mama

Way To Cool
mama

[REDACTED] did not
do well the last
15 minutes of
class - I had
to remove him
from class.